

ISSUE FLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|--------------------|--------------|----------------|
| FEE DETERMINATION | <i>[Signature]</i> | <i>66161</i> | <i>7/25/86</i> |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | <i>68005</i> | <i>7/25/86</i> |
| FORMALITY REVIEW | | | |

INDEX OF CLAIMS

_____ Rejected
 _____ Allowed
 (Through numeral) Canceled
 _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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